



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**COMMERCIAL BUILDING PERMIT APPLICATION**  
New Buildings and Structural

Date: \_\_\_\_\_

**\*\*NOTE: Contact the Stormwater Department to determine if a Land Disturbance Permit is required for your project.**

**PROPERTY INFORMATION:**

Address of project: \_\_\_\_\_  
Name of business (existing or proposed): \_\_\_\_\_  
Name of property owner: \_\_\_\_\_  
Current address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Name of company: \_\_\_\_\_  
Name of main contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EROSION AND SEDIMENT CONTROL (must provide copy of card):**

Name of card holder: \_\_\_\_\_  
Erosion and Sediment Control Certification number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Name of 24h contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROPOSED STRUCTURE:**

Description of proposed use:  
Check one:  
 New building     Remodel     Addition     Repair  
Number of stories: \_\_\_\_\_      Number of suites: \_\_\_\_\_  
Shell only square footage: \_\_\_\_\_ (to include all unheated areas)  
Interior only: \_\_\_\_\_ (to include only heated areas)  
Total square footage: \_\_\_\_\_  
Utility service:  
 Gas       All electrical  
Estimate cost of project: \$ \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**SUB-CONTRACTOR AFFIDAVIT**  
(State card required)

**Copies of State cards and business licenses are required *before* the final inspection is performed.**

Master permit number: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Address of project: \_\_\_\_\_  
Contractor or owner: \_\_\_\_\_

**ELECTRICAL CONTRACTOR:**      Restricted     Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**MASTER PLUMBER:**      Restricted     Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**CONDITIONED AIR:**      Restricted     Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**LOW-VOLTAGE:**      Restricted     Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

I do understand that I am responsible for each required licensed contractor to obtain a business license in Rockdale County. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
OCCUPATION TAX AFFIDAVIT**

(No State card required)

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This affidavit must be filled, signed and completed with a current copy of each occupational tax license, *prior* to the issuance of the certificate of occupation.

Master permit number:	Date issued:
Job site address:	
Contractor or owner:	

License Type	Contractor or Company	County and License Number
Demolition		
Grading		
Footing		
Foundation		
Waterproofing		
Pest Control		
Concrete Finisher		
Framing		
Siding/ Cornice		
Masonry/ Stucco		
Fireplace		
Roofing/ Sheathing		
Insulation		
Sheetrock - Hang		
Sheetrock - Finish		
Interior Trim		
Painting Interior		
Painting Exterior		
Wallpaper		
Tile		
Landscaping		
Gutters		
Fire Sprinkler		
Lawn Sprinkler		
Decks/ Porches		
Cabinetry		
Glass/ Mirrors		
Marble Fixtures		
Cleaning Services		
Septic Tank		
Well		
Door/ Window Installation		
Asphalt Paving Contractor		

I do understand that I am responsible for each required contractor to provide proof of having paid applicable occupation taxes. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: \_\_\_\_\_

Date: \_\_\_\_\_

**O.C.G.A. 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

**\*\* Wait to be in front of the notary before signing \*\***

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
GA Registration No. and expiration date

Seal: